

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031615

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 35 Primary Registration District No. 504 Registrar's No. 92

|                     |              |  |          |
|---------------------|--------------|--|----------|
| VS 300<br>Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS<br>INSTEAD OF | DOCUMENT |
| 1 0171              |              |  |          |
| 2 0170              |              |  |          |
| 3                   |              |  |          |
| 4 0                 |              |  |          |
| 5 2                 |              |  |          |
| 6                   |              |  |          |
| 7 1                 |              |  |          |
| 8 2                 |              |  |          |
| 9 493X              |              |  |          |
| 10                  |              |  |          |
| 11                  |              |  |          |
| 12 86-0             |              |  |          |
| 13 20               |              |  |          |
| BY AFFIDAVIT OF     | SHOULD READ  | ITEM NO.   |          |

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Carrollton</b>   |                                  | c. CITY OR TOWN<br><b>Wakenda</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lancaster Rest Home</b>  |                                  | d. STREET ADDRESS<br>(If outside, give location)  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>ERNEST L. THOMAS</b>   |                                  | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>28</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never-Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/25/1880</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm</b>  | 9. AGE (last birthday)<br><b>82</b>   |
| 11a. FATHER'S NAME<br><b>David Thomas</b>  |                                  | 11b. MOTHER'S MAIDEN NAME<br><b>Martha Thomas</b>   |   |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 12b. SOCIAL SECURITY NO.<br><b>Welfare Office, Carrollton, Mo.</b>  |   |
| 13. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b>   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 days</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)   |                                  | 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY STATE  |   |
| 21. I attended the deceased from _____ and last saw him alive on _____<br>Death occurred _____ m on the date stated above, and to the best of my knowledge, from the cause stated. |                                  | 22a. SIGNATURE<br><b>R. Hamilton</b>  |   |
| 22b. ADDRESS<br><b>Carrollton, Mo.</b>   |                                  | 22c. DATE SIGNED<br><b>8-29-63</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>8/30/1963</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Hill Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county)<br><b>Carrollton Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Gibson Funeral Home, Carrollton, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>Aug 30 - 63</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Mary Dean</b>  |                                  |   |   |

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*James F. Gibson*

Licensed Embalmer No. \_\_\_\_\_

5076

P. O. Address \_\_\_\_\_

Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.